

July 18, 2002

Re: Medical Dispute Resolution
MDR #: M2-02-0601-01
IRO Certificate No.: IRO 5055

Dear

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating physician. Your case was reviewed by a physician who is Board Certified in Anesthesiology.

THE PHYSICIAN REVIEWER OF THIS CASE AGREES THAT THREE LUMBAR EPIDURAL STEROID INJECTIONS WITH INDWELLING EPIDURAL CATHETER ARE NOT MEDICALLY NECESSARY.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of

Proceedings within ten (10) days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you five (5) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on January 8, 2003.

Sincerely,

MEDICAL CASE REVIEW

This is for____, _____. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-0601-01, in the area of Anesthesiology. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Request for review of denial of three epidural steroid injections in an outpatient surgical center.
2. Correspondence.
3. Histories and physicals and progress notes, dated 2002.
4. History and physical and progress notes, dated 2001.
5. History and physical and progress notes, dated 2000.
6. History and physical and progress notes, dated 1998 and 1999.
7. EMG and myelogram studies of lumbar spine.
8. Radiologic reports.

B. BRIEF CLINICAL HISTORY:

The patient is a 64-year-old African American female with an apparent back injury dating from _____. She was subsequently diagnosed with spondylolisthesis. She underwent a lumbar fusion in April of 1996. She had a subsequent lumbar laminectomy and repeat lumbar fusion in August of 1997. Postoperatively, she continued to have chronic back pain and lower extremity pain.

Physical exams including those by _____ have not changed in the provided notes since December of 1999. Lumbar myelograms dated 10/25/01 do not show any significant evidence of lumbar nerve root involvement/compression.

C. DISPUTED SERVICE:

A series of three lumbar epidural steroid injections with indwelling epidural catheter to be performed in an outpatient surgery center.

D. DECISION:

I AGREE WITH THE DETERMINATION OF THE TEXAS MUTUAL UTILIZATION REVIEW FINDINGS DATED 3/06/02 DENYING THE DISPUTED SERVICE.

E. RATIONALE OR BASIS FOR DECISION:

This patient shows no evidence of an acute lumbar radiculopathy or inflammatory process. The clinical exam and history is essentially unchanged by _____ notes since 12/99. A recent myelogram is without evidence of nerve root involvement or compression. Thus, the patient's chronic pain syndrome is overwhelmingly chronic and fixed. I note that _____ is administering a trial of P.O. Medrol (note dated 3/25/02). Significant relief with this regimen might predict a response to lumbar steroid epidural injections. Given that the risk/benefit of lumbar steroid epidural injections is decidedly against this patient, a trial of the Medrol Dosepak, while unlikely to produce benefit, is not unreasonable.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this

evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 17 July 2002